

WORLD REPORT ON HEALTH POLICY AND SYSTEMS RESEARCH

A SUMMARY

HealthPolicy
SystemsResearch
Benchmarks
Engagements PolicyEnvironment
Evidence ^{SDGs} ^{Synthesis}
Funding Innovation
Capacity Networks
Advocacy

ABOUT THE REPORT

The report mainly describes the evolution of the field of health and systems research and also provides insight on the contributions to generating evidence in the field of HPSR, funding trends and institutional capacity in Low and Middle Income Countries (LMICs) to conduct HPSR. Moreover, this report provides insights into how the multidisciplinary and system approach used in HPSR can help countries advance the Sustainable Development Goal (SDG) agenda.

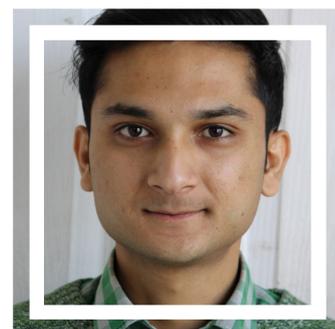


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INTRODUCTION

The Alliance for Health Policy and Systems Research (APHSR) launched the first World Report on Health Policy and Systems Research (HPSR) on April 25, 2017. The report mainly describes the evolution of the field of health and systems research and also provides insight on the contributions to generating evidence in the field of HPSR, funding trends and institutional capacity in Low and Middle Income Countries (LMICs) to conduct HPSR. Moreover, this report provides insights into how the multidisciplinary and system approach used in HPSR can help countries advance the Sustainable Development Goal (SDG) agenda. The report provides practical recommendations on how to reorient health research so that it responds more effectively to public health challenges at the national and global level. It also reflects the importance of monitoring and measuring the developments in the field of HPSR and provides evidence that allows national policy makers and funders to see how their investments contribute to the generation and use of policy relevant knowledge. In the SDG era, where tackling inequality is of the central focus, the report calls upon donors and ministries of health to increase international and domestic funding for HPSR, establish mechanisms for improved networking among LIC researchers and connect researchers and policy makers so that the knowledge generated is demand driven and used in decision making.

Summary of chapters of the report is presented below:

Chapter 1: The Evolution of HPSR

Historically, the area of health research has been dominated by biomedical and clinical research and there has been very little focus on systems and policy research. Over the past 20 years, more stakeholders have recognized the potential of this research to enhance the performance of health systems. Over the period of 1990 to 2015, the number of HPSR publications produced annual has increased by five times and these are being generated by authors in LMICs.

Three Core Challenges for HPSR

In the mid-1990s, there were three principal challenges to the growth in the field of HPSR viz. fragmentation and lack of single agreed definition of the field; dominance of biomedical and clinical research; and lack of demand for HPSR. Cross cutting all these challenges was the problem of relatively limited capacity to undertake high quality health policy and systems research.

Fragmentation and Definition of the field

Despite, several international and national centers focusing on different aspects of health systems including their financing mechanism and organization, there was no common understanding on how various components of health systems e.g. health financing, the private sector, community health systems might fit together. Furthermore, there were very few textbooks, readers or courses that described the range of methods that those engaged in HPSR might employ. The challenge of lack of definition of this field was also prevalent and this was further worsened by confusion between the terms 'health systems research' and 'health services research'. Given the scarcity of coherent conceptual frameworks of the field of HPSR, it is hardly surprising that there was no strong community of health policy and systems researchers. Furthermore, while there were some units or programmes with a strong focus on HPSR, they were relatively few and predominantly located in Europe and North America.

Dominance of Biomedical Research Model

The focus on biomedical and clinical research had broader consequences for HPSR, particularly with respect to the development of research capacity. While biomedical and clinical research may be best addressed in large centers of excellence sited in locations with relatively good infrastructure and support, with the anticipation that research findings are transferable to other similar contexts, HPSR requires very different types of capacities. Given the context-specific nature of much HPSR, it depends on the existence of capacity in every country and preferably at sub-national levels too. The dominance of a biomedical and clinical research paradigm also contributed to the severe imbalances in research capacity for HPSR.

Lack of Demand for Health Policy and Systems Research

Another critical challenge in the HPSR field in the mid-1990s was a lack of demand for evidence to inform decision makers about health systems strengthening. It was not until the early 2000s that the term 'knowledge translation' became widely used to describe the process of supporting the implementation of key research findings. While certain international agencies, such as the World Bank, were using health systems research to inform their policies, there appeared a tendency to assume that research evidence from one low or middle-income country would be equally applicable across widely varying contexts. While evidence was used sometimes to support decision-making, very little attention was paid to the need for countries to have their own capacity for generating evidence and no attention at all was paid to the need for investing in the skills of policy-makers so that they could better understand and support research. Indeed there was no acknowledgement that the HPSR capacity needed to exist widely.

How these challenges were addressed

These above mentioned challenges have not been addressed entirely, but there have been a number of developments. Concerted efforts by the emerging HSPR community and some broader trends have alleviated some of these challenges and have led to growing recognition of investment required in the field. The predominance of the health systems strengthening agenda paved the way for an increased focus on HPSR. Moreover, there were three additional factors that increased interest in the field, namely; sustained advocacy for the importance of HPSR, efforts to clarify the content and focus of the field and growing appreciation of and efforts to engage health practitioners and policy-makers in HPSR.

Sustained global advocacy for HPSR

While initially advocacy for HPSR was scattered and uncoordinated, the creation of the Alliance for Health Policy and Systems Research (Alliance) in 1999 helped to focus attention, and strong leadership for health systems and associated research at the time within WHO. Within the overall

field of HPSR, there has recently been growing interest and advocacy in implementation science. The journal Implementation Science was first published in 2006, and 2008 saw the First Annual Conference on the Science of Dissemination and Implementation in the United States and WHO launched the Implementation Research Platform in 2010, under the leadership of the Alliance. This global momentum was further driven by a strong focus on implementation research within PEPFAR, as well as the appointment of Jim Kim as President of the World Bank in 2012. Further, the field of improvement science, has also attracted growing attention, particularly in high-income countries.

Efforts to clarify the content and focus of the field

A critical dimension of progress has been made in understanding and mapping the field of HPSR, unpacking the methods and study designs used, and building consensus and agreement around these. Methodological developments also emerged as part of the growth of the field of implementation science and increasing use of systems-thinking approaches and complexity science in the HPSR field. The development of this work has come more recently predominantly within the past 10 years. During the past 15 years, there has been an evolution whereby the two fields have converged considerably, with HPSR researchers in LMICs focusing on a more varied mix of levels of questions and the same being true of health services researchers in HICs. Also in recent years, there has been significant effort to better organize and catalogue approaches to HPSR so as to facilitate teaching of the field.

Growth of Interest in Evidence to Policy

There has been a growing interest in evidence-informed decision-making as a field of study, along with enhanced awareness and capacity among policy-makers and practitioners to employ evidence in policy- and decision-making, has brought the field of HPSR closer to the diverse stakeholders i.e. policy-makers, programme managers, health system managers, health workers, and civil-society groups that use evidence. Having such stakeholders more involved in identifying research priorities and considering the implications of research has both increased the diversity and

energy in the field of HPSR and has substantially added to its relevance and usefulness.

Chapter 2: Benchmarks

This chapter provides a series of empirical analyses that reflect both this evolution and the current state of HPSR in three parts. The first part illustrates trends in HPSR knowledge generation as well as collaborations among researchers across countries. The second part examines trends in increasing donor funding for HPSR over the period 2000-2014, enabling the production of HPSR. The third part addresses issues of capacity, both to generate and use HPSR. These sets of complementary activities by researchers and decision-makers, based on institutional relationships, are essential not only for informing health policies and programme implementation but also for strengthening health systems for improved health outcomes.

The Evolution of HPSR Publications

Over the period of 1990-2015, there has been an approximately five fold increase in annual HPSR publication. This was accompanied by faster rate of increase both on the production of HPSR on LMICs and HPSR produced by authors in LMICs. Moreover, it seems likely that this upward trend seen in previous years will continue. HIC-based first authors until recently produced more HPSR on LMICs than first authors based in LMICs. However, the gap has been rapidly closing, with LMIC-based first authors out-producing their HIC-based colleagues for the first time in 2014. The global production of health policy and systems research is evolving swiftly, with emerging actors from low- and middle-income countries and an increasing worldwide collaborations.

Funding Flows for HPSR

An analysis of the Creditor Reporting System (CRS) database reveals that between 2000 and 2014, international donors committed over US\$ 246 billion in development aid to health and population projects in LMICs. Total HPSR funding, which was close to US\$ 4 billion over this period, was less than US\$ 100 million a year in 2000 and peaked at about US\$ 540 million in 2010. It then remained around US\$ 400 million a year through 2014. Over the period, the mean amount of annual funding given to HPSR

was US\$ 266 million, but the amount increased and averaged over US\$ 433 million per year in the last five years.

Until 2008, bilateral and multilateral donors provided about the same amount of aid for HPSR, but in 2009 funding from multilateral donors greatly increased due to increased aid from the International Bank for Reconstruction and Development (IBRD) in response to the economic crisis. Funding then sharply declined until 2012 when it began to increase again. HPSR funding to countries in sub-Saharan Africa (SSA) more than doubled in the years following 2006, whereas commitments to other regions remained relatively stable. SSA countries were also the recipients of the largest amount of funding for HPSR activities over the entire time period examined.

Capacity to Generate and Use Health Policy and Systems Research

While funding is necessary to spur the generation of new knowledge, it is not sufficient on its own. Generating new knowledge requires an appropriate number of skilled researchers supported by well-organized and well-functioning research institutions. In the context of the generation of HPSR, in addition to providing places for researchers to work, research institutions provide paths for career development, collaboration and cross-learning. They provide financial systems for managing grants and enable the use of library and information technology services that are central to research. Additionally, they provide a platform that enables individual researchers to link to other research organizations and to policy- and decision-makers within the health system. Turning now to the use of research evidence to inform decision-making and improve health, in a field as applied as HPSR, research production alone is not enough. HPSR will only achieve its true potential in strengthening health systems and improving health when it is routinely and regularly used by decision-makers to inform the decisions they take.

Various challenges exist to the use of evidence in policy-making. A systematic review in 2014, examining 145 studies globally on the use of evidence by policy-makers, found that availability of research, lack of relevant research and

inadequate research skills among policy-makers were some of the major barriers to evidence use. On the other hand, the existence of relevant research, access to research, its improved dissemination and collaborations between policy-makers and researchers were found to positively influence evidence use in policy-making. The generation and use of HPSR in LMICs continue to face significant challenges, particularly at the institutional level. Funding and human resource constraints are leading barriers to knowledge generation and the capacity for the use of research evidence is also limited.

Chapter 3: Capacity

The core idea behind HPSR is that research should inform and influence policies and systems to achieve health goals. This idea forms a strong tie that binds together individuals in the community of HPSR, whether they are policy-makers, practitioners, researchers or informed users of research. HPSR has been a tool to express common values around health goals, such as the pursuit of health equity and social justice in guiding the allocation of resources, as well as the need for efficient and accountable resources. The field has developed a wide variety of research approaches that provide information on how better to organize, deliver, demand, and finance different types of health services in many settings. It has produced evidence not only on effective policies and how to strengthen the health system more widely but also on how to bridge the gaps between knowledge and action, and to influence policy processes. However, there is still a need to build and sustain institutional capacity to support HPSR in LMICs and especially LICs.

The production of high quality HPSR depends on the strength of the organizations within which researchers work. This is not just a matter of the facilities they offer, such as libraries and databases, or the incentives they provide, such as compelling projects, decent remuneration and career advancement. It is also influenced by the environment and context in an increasingly global world in which this work takes place. The stability and sustainability of funding, the extent to which health-systems strengthening is prioritized, as well as the relationships and connections between

organizations, including decision-makers and other stakeholders within the broader health system and beyond – all of these factors have an impact upon how HPSR is generated and used in a given setting.

Institutional capacity-building is aimed not only at strengthening organizations that are responsible for conducting HPSR but also for fostering an enabling research environment with access to research networks and funding. This chapter illustrates how these three aspects of institutional capacity can be improved in LMICs: organization, networks (particularly policy networks) and an enabling environment.

Strengthening Capacity within Organizations That Engage in HPSR

From the perspective of human resources, institutional capacity-building begins with ensuring the education of young people who may go on to become researchers in the future. Efforts should therefore be directed towards developing HPSR teaching and training programmes within academic and research organizations. Both short-term (courses) and long-term (degree programmes) strategies could be employed to enhance the sustainability of capacity-strengthening efforts. The establishment of dedicated divisions or programmes within departments or schools could serve as a means of bringing together the multiple perspectives that reflect the multiple disciplinary nature of HPSR. This means developing effective ways of categorizing, organizing, and teaching multiple theoretical frameworks, and offering support to students in choosing the type or mix of approaches best adapted to the HPSR issues they are addressing. Given the need to understand and influence local context, training programmes also need to be tailored, while still ensuring a common basic training in HPSR concepts, approaches, and terminology.

Creating supportive and attractive research environments, offering access to publication databases and peer-reviewed literature, is key but so is support and encouragement for interesting and relevant work. It is important that incentives exist to ensure that these academics stay in their home countries. Adequate remuneration is obviously of fundamental importance, but so is the

establishment of clear paths for career advancement and promotion. There is also a need to incentivize knowledge production beyond peer-reviewed publications towards developing products that are of direct relevance to decision-makers, such as policy briefs and research summaries. Organizations engaged in HPSR can also incentivize the production of relevant research by directly rewarding it.

Research institutions and the HPSR community have a central role to play in initiating the development of metrics that can help measure policy relevance of an individual's research contribution and institutionalizing the use of such metrics in decisions around promotions. It is also important that multiple stakeholders, most importantly global and national HPSR funders and HPSR research institutions, come together to put in place incentives that will encourage the generation of policy-relevant knowledge

Enhancing Networks and Policy Engagement for HPSR

Greater investment is needed in developing networks between relevant actors within the same country or local context. Regional networks among countries at similar stages of development could be formed to facilitate joint research endeavors as well as create opportunities for mentorship. To date, many of these regional networks are supported through bilateral and multilateral funds. There is a need for local and regional resources (e.g., regional bodies such as the African Union or national MOHs) to take ownership and support such networks. This could also provide opportunities for greater strategic engagement with decision-makers in setting the regional research agenda and the co-production of knowledge. These networks and communities of practice will, however, remain incomplete without the active participation of decision-makers in the co-production of knowledge.

With regard to the demand and use of HPSR, it is clear that much remains to be done. HPSR must address issues that decision-makers are concerned with and give answers to questions they are asking if the demand and use is to improve. A way to strengthen the engagement of policy actors in

HPSR is to institute rotations of staff between health ministries and research institutions. Increasing exposure of decision-makers to documented experience of the value added by HPSR in different settings, and the creation of platforms for their regular interaction with researchers, encourages collaboration, ultimately leading to the successful and sustainable embedding of research in decision-making processes. Close collaboration between researchers and decision-makers also depends on a prevailing culture of transparency and accountability.

Putting in place legislative and policy measures and information-rich inventories to facilitate evidence informed decision-making will amount to little in the absence of having officials within the ministry of health trained in accessing and using research evidence. In order to strengthen capacity for the demand and use of evidence, efforts are needed to provide support to decision-makers to improve the use of research in decision-making and health-systems strengthening. Schools of public policy and/or other executive training institutes should be supported to develop courses or modules on HPSR and its application to the policy-development process. Continued education, imparted through ongoing training programmes and mechanisms enabling the rotation of staff between the MOH and research institutions, are two distinct strategies to facilitate the bringing together of the worlds of research and policy

Fostering an Enabling Environment for HPSR

The transformation of HPSR production and consumption will not occur without an increase in funding and a change in the way funding is invested. Agencies funding health and development have not supported HPSR in a way that keeps pace with the transition towards the issues raised by the SDGs. Based on systems and processes that were established largely for biomedical research, funding tends to be fragmented, short-term, and often focused in narrow areas or those dominated by disciplinary boundaries. It is essential that donors and aid agencies put more funding for HPSR at the disposal of the local stakeholders who will use the research, while ensuring that funds are earmarked for research support. Where domestic funders are

concerned, there is a tendency for projects to be short term and narrow in focus, with researchers being hired to address specific issues.

Another important challenge in ensuring institutional capacity in LMICs comes from the fact that most of the funding for research carried out in LICs comes from high-income countries and global funders. As the field of HPSR evolves, greater investments by LMIC governments and other funders will be required. To reap the benefits of research funders need to provide longer term and more stable funding, and in ways that encourage the participation of local stakeholders and flexibility in amending the research and intervention design according to changing conditions. Such funding would further encourage innovation and risk.

As the HPSR field continues to expand, tracking and understanding the funding flows to support such activities is critical to informing decision-makers and to establishing a solid basis for future advocacy efforts. To date, efforts to establish baselines and assess trends in HPSR funding, or to identify the sources and recipients of funding flows, have been only partially successful.

Chapter 4: Future

The SDGs are an opportunity to refocus efforts on system wide reform and inter-sectoral actions, acknowledging that attainment of health goals is dependent not only on actions within the health sector but also on economic, social, educational and environmental factors. Countries continue to address changing issues around improving the delivery and financing of health care. But there is also now a stronger recognition of the role of the social determinants of health, and that the pathway to good health is not just through health services. Health policy and systems research should have a central role in understanding and intervening in this interconnected world. This chapter explores some of the future challenges for HPSR and how HPSR will need to adapt in the following overlapping areas;

1. Tackling the challenges of interdependence and integration in the SDG era

The context for healthy life is changing rapidly, within an environment characterized by

environmental degradation, antimicrobial resistance, population migration, epidemiological pressures, and an increasingly complex global economic system. Against this backdrop, expectations about the role of the state, civil society and business are changing. So too are the ways we communicate with each other, the sources and means for violent conflict, and the forced migration of populations across borders and within countries. There are also growing pressures due to environmental degradation, urbanization and ageing populations. Additionally, there are new threats due to emerging diseases and the failure of poorly organized market systems for health services, technologies, and financial products. Each condition is both a driver of change and an effect of each other and are interdependent issues in an increasingly interconnected world. Much of the literature on interdependence in health systems has been concerned with important issues of the integration of different health programmes within the health-care system, rather than addressing the broader systems that contribute to peoples' health.

HPSR should continue to address questions of how to provide a comprehensive mix of services, particularly in the face of multiple and programme-specific management, financing, logistics, and accountability arrangements. Similarly, there should be an appropriate focus on how to provide people-centered care that links services across levels of care. Connecting efficient purchasing and delivery of care is an ongoing issue in most health-care systems, and the goal of finding the best configuration of public and private finance and delivery is a continuous concern. While HPSR should take on an expanded role in dealing with these evolving issues within health-care systems, the larger challenges of integration and interdependence that threaten people's health must also be taken into account.

2. Balancing the health interests of individuals, communities and populations

HPSR of the future will need increasingly to explore questions of balance between the health interests of individuals and families, the communities in which they live, and the larger populations and ways in which societies organize themselves. This even includes the roles of nation states and other

groupings that transcend national boundaries (e.g., large social movements and extremist organizations). At the individual level, people often obtain their health care from sources other than those considered as expert – e.g., health providers who range from specialist physicians to traditional healers. People increasingly seek expert health information on their own through new media, such as through the Internet, social media, radio, or other channels, with the source often having a marketing rather than public-health orientation. Many people also have greater access to diagnostics they can use themselves, and can more readily obtain therapeutics, either on their own or through a health provider.

HPSR will be critical in providing solutions to getting the balance right between personal prevention and treatment, and serving the interests of communities and populations. It seems likely that people will have increasingly unequal access to specialized health knowledge, products and services, even as many more are exposed to a wider variety of health advice and products – but with highly variable reliability and quality. Future primary health care is likely to involve more explicit self-care, but with increasingly uncertain and diverse roles and organization for front-line health providers.

3. Supporting the agenda for Universal Health Coverage

UHC is a priority in many countries. It is likely to endure as an ongoing challenge for health systems around the world, as they seek to balance costs, types of insurance and other financing of care, with ensuring high coverage, quality and mix of health services. Getting this balance right will require learning organizations to lead and adapt to change; this provides an important role for HPSR to guide changes in the design of provision and financing of health services. HPSR will enable the continuous improvement that is needed in systems striving to provide UHC. HPSR will also help to address locally defined problems and find context specific answers to questions such as: How to use different resources for health in the country? How to connect efficient purchasing and delivery of health services? What is the configuration of public and private provision, financing, and regulatory approaches? How to finance high-cost

interventions, particularly when they have the potential to change the nature of programmes?

4. Unleashing technological and social innovation to benefit the common good and the most marginalized

There are new opportunities for HPSR to affect how technology can influence health systems, as well as the broader systems affecting health and that support innovation. However, there are constraints and disincentives in each of the main steps of the technology value chain and HPSR can play important roles in this. This includes addressing different types of access:

- **Therapeutic access** focuses on whether research institutions and industry undertake or prioritize the research and development (R&D) to address public-health challenges.
- **Financial access** relates to the affordability of the product by those in need when it enters the marketplace
- **Structural access** considers how the delivery system brings a technology to those whom it may benefit – last-mile challenges.

One area for future HPSR concerns how new technology can provide more public benefit, particularly for LMICs (e.g., socially responsible intellectual property rights), including testing innovative intellectual property arrangements (e.g., social-impact bonds, tiered pricing).

5. Synthesizing and adapting HPSR knowledge across a wide range of contexts

A further challenge will be to increase the capability to understand, interpret, and communicate the research that emerges from different sources and designs, hopefully with greater disciplinary variety than now, addressing cross-sectoral issues and involving broader sets of stakeholders. There will be a need to do more in real time and to synthesize evidence produced in real-world conditions, and co-produced rather than that produced essentially by researchers alone. This will require new and better tools to synthesize evidence across fields and disciplines. It will also require more refined meta-theories and tools than the systematic review, which is appropriate for simple and reproducible interventions and limited

outcomes, and the realist review, which tries to unpack the complexity of interventions in different contexts to explain how different mechanisms may produce different health outcomes.

A strong feature of HPSR is the application of research methods to problems of relevance to different types of stakeholders, including proposing ways to co-create knowledge, synthesize evidence, and communicate knowledge to facilitate change. This facility will continue to be valuable, but to address the issues of the SDGs, HPSR will need to extend beyond the more familiar stakeholders within ministries of health or health programmes, to include understanding, identifying, and addressing problems of relevance to citizens' groups, government stakeholders in other ministries or those having crosscutting responsibilities (e.g., prime ministers' offices), non-governmental organizations and business entities working in spheres other than health care

Chapter 5: Next Big Leap

The landscape for HPSR has changed dramatically since 1997. We now have a better understanding of the need for rigorous comparative analyses to provide insight into the interventions that works best in specific contexts and these also fuel shared learning across countries. There is also now greater recognition that health systems are dynamic, perhaps partly thanks to the growing understanding of systems thinking and the relevance of complexity science to health systems research. Intervention in such dynamic systems is likely to produce counter-reactions that are not always predictable, but do always engender further adjustment and intervention.

The world is more connected and inter-dependent than ever before. This creates a challenge to the traditional concept of a health system, since people's health and the systems and institutions that affect health extend well beyond the boundaries of health-care systems and health programmes. National governments have agreed to Agenda 2030, including a set of SDGs that recognize the interdependence of various sectors for development.

Increased international funding for HPSR is slowly dropping down to researchers in LMICs and in some

cases national funding is available. But more domestic funding is needed if institutional capacity for HPSR in LMICs is to be strengthened, and to ensure that research is more relevant to local challenges. Domestic funding for research at all levels of the health system must be sustainable. Strategies for increasing both the demand for evidence and its use include collating, developing and communicating new knowledge; supporting the development of capacity to demand and use evidence; and providing forums that bring researchers and policy-makers together to strengthen their mutual engagement.

This report describes the parallel evolution of health-services research in HICs and health policy and systems research in LMICs. Although there is now substantial overlap between the scopes of these two fields, there is still relatively limited engagement between researchers who focus on high-income and those whose work addresses low-income countries. After twenty years of existence, health policy and systems research is now recognized as an important multiple disciplinary field that is essential for strengthening health systems globally and nationally. This report shows how the field has evolved. It still needs to be more widely embraced by the broader health research community and national policy-makers. It still needs support from the critical mass - the research community. There are still many challenges ahead, which will require changing mindsets and opening up of boundaries to policy-relevant research supporting health systems. The field is ready, with innovative science and new multidisciplinary partnerships, for the next leap forward towards achieving the Sustainable Development Goals. At a minimum, this will require a paradigm shift in the use of HPSR to guide policy and programmes and a phase shift in the quantity and quality of HPSR produced.

Access to the full report is available [here](#).

